



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 3890**

<b>SERIAL NUMBER</b> 09/998,004	<b>FILING OR 371(c) DATE</b> 11/28/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 017516-002580US
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

Christopher A. Julian, Los Gatos, CA;  
 Michael Ikeda, San Jose, CA;  
 Andris D. Ramans, Mountain View, CA;  
 Dean F. Hoornaert, Mountain View, CA;  
 Margaret M. Isaac, Redwood City, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/253,484 11/28/2000  
 and claims benefit of 60/285,641 04/19/2001  
 and claims benefit of 60/290,556 05/10/2001  
 and is a CIP of 09/436,524 11/09/1999 PAT 6,398,726

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 12/17/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 45	<b>TOTAL CLAIMS</b> 102	<b>INDEPENDENT CLAIMS</b> 12
--	--	-------------------------------	-----------------------------	----------------------------	---------------------------------

**ADDRESS**

PATENT DEPT  
 INTUITIVE SURGICAL, INC  
 950 KIFER ROAD  
 SUNNYVALE , CA 94086

**TITLE**

Endoscopic beating-heart stabilizer and vessel occlusion fastener

<b>FILING FEE RECEIVED</b> 2116	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---